

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ SE

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 300511WO/PRS
International application No. PCT/IB02/02825	International filing date (day/month/year) 3 May 2002 (03.05.02)	(Earliest) Priority date (day/month/year) 3 May 2002 (03.05.02)
Title of invention CHANGING ADDRESSES		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) NOKIA CORPORATION Keilalahdentie 4 FIN-02150 Espoo Finland		Telephone No.
		Facsimile No.
		Teleprinter No.
		Applicant's registration No. with the Office
State (that is, country) of nationality: FI	State (that is, country) of residence: FI	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) PIETILAINEN, Antti Holmanmaantie 3 A 02240 Espoo Finland		
State (that is, country) of nationality: FI	State (that is, country) of residence: FI	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) HIIRONEN, Olli-Pekka Leppakertuntie 3 A 11 02120 Espoo Finland		
State (that is, country) of nationality: FI	State (that is, country) of residence: FI	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.*)State (*that is, country*) of nationality:State (*that is, country*) of residence:Name and address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.*)State (*that is, country*) of nationality:State (*that is, country*) of residence:Name and address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.*)State (*that is, country*) of nationality:State (*that is, country*) of residence:Name and address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.*)State (*that is, country*) of nationality:State (*that is, country*) of residence: Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative

and has been appointed earlier and represents the applicant(s) also for international preliminary examination.

is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (*Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.*)

SLINGSBY, Philip Roy
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London WC1N 2LS
United Kingdom

Telephone No.

020 7831 7929

Facsimile No.

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Teleprinter No.

8955681

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed

the description as originally filed

as amended under Article 34

the claims as originally filed

as amended under Article 19 (together with any accompanying statement)

as amended under Article 34

the drawings as originally filed

as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (*This check-box may be marked only where the time limit under Article 19 has not yet expired.*)

- * Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English.....

which is the language in which the international application was filed.

which is the language of a translation furnished for the purposes of international search.

which is the language of publication of the international application.

which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (*that is, all States which have been designated and which are bound by Chapter II of the PCT*)

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|----------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | 1 sheets |
| 6. other (specify) | : | sheets |

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received not received

<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listings in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

SLINGSBY, Philip Roy - Authorised Representative

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. The applicant has been informed accordingly.
4. The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.
5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No.	PCT/IB02/02825	For International Preliminary Examining Authority use only
Applicant's or agent's file reference	300511WO/PRS	Date stamp of the IPEA
Applicant NOKIA CORPORATION		
CALCULATION OF PRESCRIBED FEES		
1. Preliminary examination fee	SEK 5000	P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	SEK 1570	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	SEK 6570	TOTAL
MODE OF PAYMENT		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input checked="" type="checkbox"/> other (<i>specify</i>): Banker's draft	

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT*(This mode of payment may not be available at all IPEAs)* Authorization to charge the total fees indicated above. (*This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit*) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

IPEA/ _____

Deposit Account No.: _____

Date: _____

Name: _____

Signature: _____